HMP Wymott

Inspection report

Wymott Prison
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Inspected but not rated
Are services safe?	Inspected but not rated
Are services effective?	Inspected but not rated
Are services caring?	Inspected but not rated
Are services responsive to people's needs?	Inspected but not rated
Are services well-led?	Inspected but not rated

Overall summary

We carried out an unannounced comprehensive inspection of healthcare services provided by Greater Manchester Mental Health (GMMH) NHS Foundation Trust to follow up on a Section 29A Warning Notice that was issued as a result of a focused inspection looking at medicines on the 10 and 11 August 2022. You can find the report here:

HMP Wymott - Care Quality Commission (cqc.org.uk)

The purpose of this comprehensive inspection was to determine if the healthcare services provided by GMMH NHS Foundation Trust were meeting the legal requirements and regulations under Section 60 of the Health and Social Care Act 2008 and that patients were receiving safe care and treatment.

We do not currently rate services provided in prisons. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

How we carried out this inspection

We conducted a range of on site interviews with staff and accessed patient clinical records on 29 and 30 November 2022. We also had remote access to electronic clinical patient records which ceased on 12 December 2022.

Before this inspection we reviewed a range of information that we held about the service, including regulatory notifications.

During the inspection we spoke with staff including:

- Administration staff
- Pharmacy staff
- Head of operations
- Pharmacy technicians and locum pharmacist
- Nurses
- Healthcare assistants
- Prison officers
- Service manager

We asked the provider to share a range of evidence with us. Documents we reviewed included:

- Audits
- GMMH Risk register
- Supervision matrix and appraisal compliance records.
- Training compliance
- Local delivery board meeting minutes
- Policies and procedures

Our findings

We based our judgement of the quality of care at this service on a combination of:

- What we found when we inspected.
- Information from our ongoing monitoring of data about services.

Overall summary

- Information from the provider, patients, the public and other organisations.

At this inspection we found that:

- The trust had made significant improvements around medicine processes.
- Patients received effective care and treatment that met their needs.
- Staff supported patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.

However, we also found that:

- Not all staff were up to date with their appraisals and mandatory training.
- Supervision was not carried out in line with the trust policy for all staff.
- Despite an on-going recruitment campaign, the trust had been unable to recruit and continued to have vacancies

We found two breaches of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care (Regulation 17)(1).
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment (Regulation 18)(1).
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties (Regulation 18)(2).

In addition to the breaches the provider **should**:

- Continue to take action to ensure that all medication administration points have sufficient handwashing facilities.
- Improve the monitoring of daily fridge and room temperatures where medication is stored.
- All care plans should be reviewed within the expected review time scales.
- Staff completing 13-weeks reviews for patients on substance misuse pathways should be appropriately trained.
- Mental health appointments should be carried out in an appropriate environment; ensuring the patients' privacy and dignity.
- Patients should have access to information about all the healthcare services available.
- Patients' should receive timely immunisations and vaccinations.
- The trust should maintain clinical waste in line with their policy.

Our inspection team

Our inspection team was led by a CQC inspector with 3 further CQC inspectors, supported by two CQC pharmacist specialists.

Background to HMP Wymott

HMP Wymott is a Category C prison near Leyland, Lancashire. HMP Wymott is operated by HM Prison Service. It is situated next to HMP Garth and provides medicines to HMP Garth.

Health services at HMP Wymott are commissioned by NHSE. The contract for the provision of healthcare services is held by Greater Manchester Mental Health (GMMH) NHS Foundation Trust. GMMH is registered with CQC to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury.

Inspected but not rated

Are services safe?

Safe

Appropriate and safe use of medicines

At the last inspection in August 2022 we issued a Section 29A Warning Notice as we found that this service did not have robust systems for the proper and safe management of medicines. At this inspection, we found that whilst there had been significant improvements, there were still some areas requiring attention.

- At the last inspection, we found that medicines administration points (MAPs) within the prison were visibly dirty, with a large number of loose tablets. At this inspection we did not find any loose medication and found that MAPs were clean. We saw evidence that cleaning records had been completed on weekdays and infection prevention and control (IPC) audits undertaken with improved compliance.

- At the last inspection, not all MAPs had hot water or sufficient water pressure. This meant healthcare staff did not always have access to adequate hand washing facilities before and after medicines administration. At this inspection, we saw that this had improved but not in all areas. The trust had raised this with HMPPS who are responsible for the building.

- At the last inspection, we were not assured that people received their medicines as prescribed. At this inspection we did not find any issues and found patients received their medicines as prescribed.

- At the last inspection, staff told us action had been taken to address the removal of unused controlled drugs from the MAPs. However, we found a large number of controlled drugs, some of which dated back to November 2021, which were no longer in use. At this inspection, we saw that a system for managing CD requiring removal and destruction had been implemented. We did not see any CD requiring destruction or waiting to be removed from the MAP.

- At our previous inspection in August 2022 we found that policies relating to controlled drugs had been ratified between 2021 and 2022, despite the provider commencing the contract in 2020. None of these policies referenced auditing or timescales within which assurance assessments were to be completed. We were informed that regular auditing of controlled drugs had taken place. However, we found that this did not routinely occur. At this inspection, we saw that weekly CD stock checks and quarterly CD audits had been implemented which helped to ensure robust procedures were followed.

- At the last inspection, the provider did not have an effective system for managing FP10 prescriptions (a paper prescription with the name of the medicine required). At this inspection, we found that the provider had now implemented a new robust system for managing FP10 prescriptions and staff were aware of the importance of secure storage.

- At the last inspection, we were not assured that the trust had a system in place for the management of waste medicines. A large number of boxes of medicines and yellow clinical waste bins required destruction. The bins were not always closed correctly or dated when closed. At this inspection, we did not see quantities of medicines or clinical waste bins awaiting collection. However, some large clinical waste bins continued to be open for longer than 3 months and 1 bin was insecure. This was a potential infection control risk and not in line with best practice guidance regarding disposal of waste medicines. `

Inspected but not rated

Are services safe?

- At the last inspection the transportation of medicines was not thoroughly risk assessed. At this inspection we found that risk assessments had been completed to address all risks associated with this process. We also previously found that the process for transporting medicines which required fridge storage was not robust. At this inspection a validated cold chain process had been introduced, however this required further embedding to ensure the new process became standard practice.

- At the last inspection, we found that fridge temperatures were not always in the recommended range which may have affected the efficacy of the medication. At this inspection, whilst there were gaps in the room and fridge temperature records in various areas, all the readings we saw were within the required ranges. Oversight of the process had improved but required further work to embed.

- During this inspection we found that staff regularly reviewed the effects of medications on each patient's physical health and in line with national guidance.

- At the last inspection the task system (Part of the e-healthcare records system where staff can request action be taken by other staff members) was not effective. It was not clear who was responsible for actioning tasks, this meant there were potential delays in identifying risk to patient safety. At this inspection, the provider had taken steps to address the number of tasks awaiting review and action tasks including discharge letters from hospitals by assigning these to specific staff groups to encourage ownership. However, over 450 open tasks remained in the system and this required further work to complete and embed.

Reporting incidents and learning from when things go wrong

During this inspection we were not assured that staff were reporting all incidents or that lessons were being learnt. We found that not all staff understood what constituted an incident that would require reporting on the electronic incident record system; meaning that the trust did not have had an accurate picture of the service. This meant opportunities to identify themes arising from incidents and opportunities to initiate service improvements could be missed. Opportunities to share information from lessons learned following incidents was limited. No information relating to incidents was shared with the healthcare team at the neighboring prison, therefore there was no wider learning. There was some evidence to support that changes in practice had been made following recent incidents; however; staffs' awareness of this was minimal.

Staffing

Staffing levels were an ongoing concern for the provider and had been recorded on trust risk register to ensure oversight and monitoring and that appropriate action was taken. An on-going recruitment campaign was in place.

We found there were no substantive Band 5 primary care nurses with all 10 posts currently vacant. In this interim period the trust were using nurses from an agency and where possible regular agency nurses to help with consistency.

Staffing levels over the previous 6 months had not always had the minimum number, set by the Trust, of required primary care nurses on shift. On 3 occasions in the last 6 months there had been no nurse on duty during the night which is of concern and unsafe. The trust had since employed two agency staff to cover nights for a 6 month period to help ensure this did not happen again. The service had not had to implement its business continuity plan but had ensured that shortages had minimal impact on the delivery of the service; this was partly due to the hard-working ethos of the staffing team.

Inspected but not rated

Are services safe?

We found that staffing levels in the integrated mental health and clinical substance misuse team were not adequate to meet the needs of patients due to long term staffing absences. There were insufficient staff within the Improving Access to Psychological Therapies (IAPT) service which resulted in limited psychological interventions being delivered and long wait times. No therapies were available for patient wellbeing such as relaxation, anxiety management, art therapy and sleep hygiene.

Counselling has not been available since July 2020. There are alternative services available within the prison that staff can refer into; however; waiting times are excessive, patients are waiting approximately 3 years for trauma informed counselling. Consequently, there are high thresholds for maintaining patients on caseloads by mental health nurses and the psychiatrist. We found that there was sufficient psychiatry cover to meet patient need. Although the service anticipates some increased provision from early 2023 with the return of some staff to the IAPT team and the successful appointment of an assistant psychologist.

Assessing and managing risks to patients.

Patients received timely assessment of their mental health and substance misuse needs. Staff responded to immediate risks, such as deliberate self-harm, contributing to the ACCT process to effectively manage and monitor patient safety. Staff used nationally recognised risk assessment tools, these reflected the identified needs of patients and were updated as required or in response to changing risks.

The service had an electronic recording system for all patient information. Records were secure and accessible by a smartcard. Care records were organised, with a wide range of care plans, assessments and daily entries in relation to care received. However, we found that not all staff accessing the system had received formal training on the system.

Inspected but not rated

Are services effective?

Assessment of needs and planning of treatment and care

Initial screening of new people into the prison, as well as a further full primary care health assessment were completed within expected timescales to help ensure timely identification of patient need. In addition, staff completed a comprehensive mental health assessment for all identified patients within 5 days of referral, or within 48 hours if an urgent need was identified.

We found that staff assessed patients' needs on arrival at the prison; including substance misuse and mental and physical health. Subsequent care plans were developed, including for patients with long term conditions, which met the individual needs of the patient and identified patient risk. The majority were personalised and there was evidence that some care plans had been developed with the patient and those developed for patients with social care needs were of particular high standard. However, we did find that not all staffing groups within the team had reviewed these regularly.

Patients requiring assessment and transfer under the Mental Health Act (MHA) received appropriate assessment and timely transfer to secondary health services. Between 01 June 2022 and 30 November 2022 only one patient had required transfer under the MHA. The transfer was completed in line with national guidance.

The trust had recruited a lead locum GP in October 2022 to look at the provision of primary care to help ensure patient need was met and to address concerns around clinical activity. Staff viewed their input as positive and that they had seen improvements since they joined. Part of the lead locum GP role also included implementing new systems to ensure patients saw the most appropriate person to meet their need.

We found that regular locum GPs supporting the service knew the prison and their patients well. There was good provision with no excessive waiting lists and daily embargoed slots for patients to be seen urgently where required. We found that nursing appointments were generally responsive to needs raised by patients, officers or through applications.

Best Practice in Treatment and Care

Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. Staff used recognised tools and rating scales to assess patients; however mental health outcomes were not routinely monitored. Staff did not participate in clinical audits or quality improvement initiatives.

The integrated mental health and clinical substance misuse team provided care based on nationally recognised models. Nurses undertook several roles, providing crisis support, triage, assessment, case management and medicines. For those patients with mental health issues, it was unclear in care records where patients were in their care in relation to the stepped care model. Staff also completed annual health checks, and these were all up to date.

The mental health service did not routinely collect information about patient outcomes. Not all areas of the service had a schedule of clinical audit, meaning opportunities were missed to assess the quality of service provided, identify service improvements and improve outcomes for patients. However, the clinical substance misuse service collected data in line with national requirements and this informed outcomes for patients.

Patients received appropriate review and management of their clinical substance misuse needs; including initial assessment, prescribed treatment and regular clinical reviews. Alongside this, the prison had a therapeutic community to provide more focused and intensive support. Patients received a co-ordinated approach to their substance misuse needs,

with evidence of effective joint working in care records. A service subcontracted by the trust, provided psychosocial interventions and patients could access a range of 1:1 sessions, groupwork and mutual aid. All patients had a clinical substance misuse care plan in place, these were complemented by a psychosocial care plan in relation to the patients' recovery.

At the time of this inspection there were 66 patients being supported by the clinical substance misuse team. A prescribing clinic was held fortnightly, with ad hoc prescribing support from the primary care service. This meant there was a potential for a delay in prescribing for some patients. We found that staff had not received appropriate training in substance misuse, such as the RCGP Level 1, including staff under taking the required 13-week clinical review of patients' on substance misuse interventions.

Patients with a long-term condition were being monitored by a specialist nurse and this was working well with required checks being completed.

All staff, including partner agencies had access to one clinical record, this was positive. It was clear to see who was supporting patients in relation to their identified needs.

Staff attended a range of meetings within the prison; including a weekly complex case meeting, specialist intervention meeting (SIM) for patients who had been placed at risk of suicide or self-harm and a rapid recovery planning meeting. Attendance at these meetings ensured a co-ordinated approach across the prison and ensured patients' needs were addressed. The trust also held a weekly multi-disciplinary team meeting to discuss patients with complex needs and the discussions were documented within patient records to allow all staff to have access.

Skilled staff to deliver care

Staff received appropriate induction into their role and received support from senior members of the team. However, not all staff had received sufficient training, appraisals or supervision to enable them to carry out the duties they are employed to perform. At the time of the inspection we found that:

- 23% staff did not have an up to date appraisal.
- 70% of staff had supervision carried out in line with the trust policy. The expected figure from the trust is 85% compliance.
- There were several areas of mandatory training for which staff compliance was poor. For example, we found that only 38% were up to date with basic life support, 50% were up to date with intermediate life support and 60% were up to date with Level 3 safeguarding children. The trust told us that this was being addressed with external training hoping to have taken place by the end of January 2023.
- Staff from the integrated mental health and clinical substance misuse team had not received any specific training in relation to substance misuse, such as RCGP Part 1. Although most staff were experienced, this meant they did not have any formal underpinning knowledge relating to the clinical management of patients with substance misuse needs.
- Health care assistant staff had not received formal training on the patient electronic record system. This presented the risk that information was not consistently recorded in line with guidance meaning it may be missed by other professionals.

Not all staff we spoke with felt supported by their managers or that action had or would be taken in response to them raising concerns with managers which impacted on the morale of the team.

Inspected but not rated

Are services caring?

Staff treated patients with compassion, kindness and respect. Staff understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition. Feedback from patients confirmed they were happy with the care provided. Despite the impact of a depleted staffing group, staff spoke warmly about their patients and were committed to ensuring patients' needs were safely met.

Inspected but not rated

Are services responsive to people's needs?

Access and discharge

Planning for the completion of a health and social care needs assessment of the older population at the prison was in progress; this report would inform future commissioning and the service delivery of the population.

Patients had access to services and support they required to meet their health and wellbeing needs, including physical health, mental health and substance misuse which is provided 7 days a week. Neuro-disability services are not commissioned but staff could make referrals to providers in the community if a need is identified.

There were significant delays for patients accessing immunisations and vaccinations. There were 114 patients on the list for hepatitis, diphtheria or MMR vaccines, 43 of these had been waiting over 51 weeks. We also saw that there 13 patients on the list waiting for a Covid-19 booster, 6 of whom say 'due booster now' with all 6 being on the waiting list in excess of 27 weeks. This had started to be addressed prior to the inspection through the recruitment of a public health nurse and their motivation to address these delays.

Mental health and substance misuse staff did not have access to dedicated clinical space to undertake consultations with patients in private. All appointments took place on the wings or at the patients' place of work. Not all staff felt this was an issue, as there was a sense of providing care in the 'patients' home.' Staff were clear that they would always maintain their own safety on the wings by ensuring wing staff were aware that they were on the wing and if seeing patients in their cells, ensured the bolt on the door was locked open. However, reviewing patients on the wing in this way could compromise the patient's privacy, dignity and confidentiality.

Staff planned appropriately for a patients' release from prison. Alongside partner agencies, staff worked together to prepare and support patients upon release from prison; including harm minimisation advice and referral into community programmes and services. However, some staff felt the service could be more proactive in working towards an effective discharge.

Meeting the needs of all people who use the service

The service took account of patients' different needs and vulnerabilities. For example, patients commencing some new mental health medications were transferred to an alternative prison. This ensured the patient received the additional support and monitoring required to safely start their new treatment and meet their individual needs.

A patient survey had been carried out earlier in 2022 which had identified a common theme around weight management concerns within the prison population. In response, the practice nurse was planning a health promotion day around weight management to help support patients. Not all patients had access to service specific information such as information about the integrated mental health and substance misuse team.

Staff were responsive to patients' needs and worked flexibly to meet these needs. For example, staff worked with education and workshops in the prison to negotiate flexible attendance when a patient's mental health deteriorated, and they required additional support from the team.

Patient 'did not attend' rates for appointments were minimal. There was good working relationships between healthcare and prison leads to ensure patients had good access to healthcare appointments. Patients accessing mental health and substance misuse services were seen on the wings due to the lack of dedicated clinical space.

Listening to and learning from concerns and complaints

Inspected but not rated

Are services responsive to people's needs?

Patients had access to a confidential healthcare complaints process. However, the trust was not able to provide us with information on complaints and/or concerns as staff had not followed trust policy and recorded all of these. Only formal complaints that had been sent to the provider's customer care service had been recorded. This meant that the provider did not have an accurate number of complaints and concerns made, and could not be assured that people had received appropriate and timely responses. They were unable to analyse themes and trends to help improve the service. However, this was rectified on 1 November 2022 with staff being informed that they must adhere to trust policy and record all concerns and complaints.

Patients that we spoke with during the inspection were generally positive about the quality of healthcare services they received.

Inspected but not rated

Are services well-led?

Leadership

Since our previous inspection a new management team has been put in place, alongside the operational team they have worked hard to make changes and on-going improvements to the service. Continued work was being undertaken with the prison and we saw evidence of joint meetings and work with them to help improve the outcomes for patients.

Culture

Changes in the leadership team had not been well-received by all staff and, despite efforts to improve engagement, significant barriers remained with the introduction of revised systems and processes. Animosity from staff within the operational team and the leadership team remained, with many operational staff reporting communication was poor. We found a disconnect between management and operational staff in some areas, but we found this did not impact on patient care.

There was a clear leadership vision underpinned by a detailed service improvement plan dated October 2022 to March 2023 to help address issues; however, it was too early to assess the impact of this.

Governance

We were not assured that the provider had sufficient policies and procedures to support staff in their role or that all memorandums of understanding (MoU) were up to date. The mental health service did not have any procedures in place to support decision making regarding intoxicated patients and for those patients on mental health medicines who did not attend consistently for their medicines. The mental health and clinical substance misuse team did not have a service operational policy; therefore, staff did not have clear information on care pathways for patients; such as inclusion and exclusion criteria for the service.

The MoU for social care between prison/healthcare/local authority should have been reviewed on the 31 March 2022.

No clinical governance meetings had occurred in the previous 6 months leading up to the inspection. A meeting had been scheduled but this was changed due to this inspection.

At the time of the inspection there had been no patient forum to ask the patients their views on the service.

We found that there seemed to be a lack of clarity and understanding around some of the roles and responsibilities of all staffing grades. This was evident in the administration of medicines and in the allocation of tasks and clinics for primary care staff, with some nurses working in silo. We were told that staff, whose main role was not medicine administration, were regularly 'pulled' from their main role to support the primary care team when staffing was short. This meant that at times it could impact on their work such as delivering mental health interventions or patients receiving delayed social care support, which could present a risk to their dignity. The process for medicines administration needed to fit with the prison regime and this resulted in a large proportion of staff spending significant periods administering medicines. However, there was on going work to address this by looking at the most efficient processes of clinic times and medicine administration and collection for those in possession.

Managing risks, issues and performance

Inspected but not rated

Are services well-led?

We were not assured of the management and oversight of all risk. Managers acknowledged the impact of staff absence within the IAPT team, however; this risk was not on the service risk register. This meant managers at team and organisational level did not have effective oversight.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The provider was not able to provide us with information on complaints and/or concerns as staff had not followed trust policy. • We were not assured of the management and oversight of all risk. • We were not assured that the provider had sufficient policies and procedures to support staff in their role or that all memorandums of understanding were up to date. • We were not assured that all areas of the service had sufficient audits to underpin service development.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing • We were not assured that there was sufficient staffing to meet the needs of the patients for those needing to access IAPT interventions. • Not all staff had received sufficient training and were not up to date with all mandatory training. • Not all staff had an up to date appraisal. • Not all staff had received supervision to enable them to carry out the duties they are employed to perform in line trust policy.